

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District Of Illinois

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Raymond

First name

J

Middle name

Pyse

Last name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

Jennifer

First name

L

Middle name

Pyse

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Jay

First name

Middle name

Pyse

Last name

First name

Middle name

Last name

Jennifer

First name

L

Middle name

Larson

Last name

Jennifer

First name

L

Middle name

Larson-Hinton-Carter

Last name

See Attachment 1

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 2 0 8 3

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - 0 7 4 1

OR

9 xx - xx - \_\_\_\_\_

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

#### About Debtor 1:

#### 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

#### About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

#### 5. Where you live

441 Apple Street

Number Street

Dixon  
City

IL State  
61021 ZIP Code

LEE  
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

#### 6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any

Number Street

City State ZIP Code

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No

Yes. What is the hazard?

\_\_\_\_\_

\_\_\_\_\_

If immediate attention is needed, why is it needed?

\_\_\_\_\_

\_\_\_\_\_

Where is the property?

Number Street

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

**17. Are you filing under Chapter 7?**

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No  
 Yes

**18. How many creditors do you estimate that you owe?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**19. How much do you estimate your assets to be worth?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

s/Raymond J Pyse

Signature of Debtor 1

s/Jennifer Pyse

Signature of Debtor 2

Executed on 09/09/2016  
 MM / DD / YYYY

Executed on 09/09/2016  
 MM / DD / YYYY

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.



s/Linda A. Giesen

Signature of Attorney for Debtor

Date

09/09/2016

MM / DD / YYYY

Linda A. Giesen

Printed name

Dixon & Giesen Law Offices

Firm name

121 East First Street

Number Street

Dixon

City

IL

State

61021

ZIP Code

Contact phone (815) 284-2288

Email address lag@hsdixonlaw.com

56636

Bar number

IL

State

Attachment  
Debtor: Raymond J Pyse Case No:

Attachment 1

Addtional Joint Debtor Aliases: Jennifer L Hinton

Fill in this information to identify your case and this filing:

|                                 |            |             |           |
|---------------------------------|------------|-------------|-----------|
| Debtor 1                        | Raymond    | J           | Pyse      |
|                                 | First Name | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing) | Jennifer   | L           | Pyse      |
|                                 | First Name | Middle Name | Last Name |

United States Bankruptcy Court for the: Northern District of Illinois

Case number: \_\_\_\_\_

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1. Street address, if available, or other description  
\_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

If you own or have more than one, list here:

1.2. Street address, if available, or other description  
\_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

1.3. Street address, if available, or other description

---

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

City State ZIP Code

County

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Check if this is community property (see instructions)**

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....

→

\$ \_\_\_\_\_

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Chevy  
 Model: Trail Blazer  
 Year: 2003  
 Approximate mileage: 199,000

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ 1,500.00 \$ 1,500.00

If you own or have more than one, describe here:

3.2. Make: Chevy  
 Model: Silverado  
 Year: 2001  
 Approximate mileage: 145,000

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ 2,000.00 \$ 2,000.00

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... ➔

\$ 3,500.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe..... Couch, chairs, Bedroom set, lamps, tables, misc others

\$ 1,500.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe..... TV, computer, printer

\$ 400.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... Misc everyday wearing apparel

\$ 300.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe..... Wedding rings and bands

\$ 800.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 3,000.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....

Cash: ..... \$ 40.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

|                                |                              |           |
|--------------------------------|------------------------------|-----------|
| 17.1. Checking account:        | First National Bank of Amboy | \$ 537.69 |
| 17.2. Checking account:        | _____                        | \$ _____  |
| 17.3. Savings account:         | _____                        | \$ _____  |
| 17.4. Savings account:         | _____                        | \$ _____  |
| 17.5. Certificates of deposit: | _____                        | \$ _____  |
| 17.6. Other financial account: | _____                        | \$ _____  |
| 17.7. Other financial account: | _____                        | \$ _____  |
| 17.8. Other financial account: | _____                        | \$ _____  |
| 17.9. Other financial account: | _____                        | \$ _____  |

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them. ....

Name of entity:

% of ownership:

|       |   |          |
|-------|---|----------|
| _____ | % | \$ _____ |
| _____ | % | \$ _____ |
| _____ | % | \$ _____ |

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.. Type of account: Institution name:

|                         |          |           |
|-------------------------|----------|-----------|
| 401(k) or similar plan: | Fidelity | \$ 247.52 |
| Pension plan:           | _____    | \$ _____  |
| IRA:                    | _____    | \$ _____  |
| Retirement account:     | _____    | \$ _____  |
| Keogh:                  | _____    | \$ _____  |
| Additional account:     | _____    | \$ _____  |
| Additional account:     | _____    | \$ _____  |

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

|                                  |       |          |
|----------------------------------|-------|----------|
| Electric:                        | _____ | \$ _____ |
| Gas:                             | _____ | \$ _____ |
| Heating oil:                     | _____ | \$ _____ |
| Security deposit on rental unit: | _____ | \$ _____ |
| Prepaid rent:                    | _____ | \$ _____ |
| Telephone:                       | _____ | \$ _____ |
| Water:                           | _____ | \$ _____ |
| Rented furniture:                | _____ | \$ _____ |
| Other:                           | _____ | \$ _____ |

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes.....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1

First Name Middle Name

Last Name

Case number (if known)

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them... \_\_\_\_\_

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them... \_\_\_\_\_

\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them... \_\_\_\_\_

\$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information. ....

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information. ....

\$ \_\_\_\_\_

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.... Company name: Beneficiary: Surrender or refund value:

American Family(renters)

Debtors

\$ 0.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information. ....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**

No

Yes. Give specific information. ....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 825.21

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

\$ \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No

Yes. Describe.....

\$

**41. Inventory**

No

Yes. Describe.....

\$

**42. Interests in partnerships or joint ventures**

No

Yes. Describe..... Name of entity:

% of ownership:

\_\_\_\_\_ % \$ \_\_\_\_\_  
 \_\_\_\_\_ % \$ \_\_\_\_\_  
 \_\_\_\_\_ % \$ \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\$

**44. Any business-related property you did not already list**

No

Yes. Give specific information .....

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\$

Debtor 1

First Name

Middle Name

Last Name

**48. Crops—either growing or harvested**

No

Yes. Give specific information.....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No

Yes.....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

No

Yes.....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

No

Yes. Give specific information.....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → \$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** → \$ \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2** → \$ 0.00

**56. Part 2: Total vehicles, line 5** \$ 3,500.00

**57. Part 3: Total personal and household items, line 15** \$ 3,000.00

**58. Part 4: Total financial assets, line 36** \$ 825.21

**59. Part 5: Total business-related property, line 45** \$ 0.00

**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0.00

**61. Part 7: Total other property not listed, line 54** + \$ 0.00

**62. Total personal property.** Add lines 56 through 61. \$ 7,325.21 Copy personal property total → + \$ 7,325.21

**63. Total of all property on Schedule A/B.** Add line 55 + line 62. \$ 7,325.21

Fill in this information to identify your case:

|  |                 |             |             |
|--|-----------------|-------------|-------------|
| Debtor 1   | <u>Raymond</u>  | <u>J</u>    | <u>Pyse</u> |
|  | First Name      | Middle Name | Last Name   |
| Debtor 2<br>(Spouse, if filing)  | <u>Jennifer</u> | <u>L</u>    | <u>Pyse</u> |
|  | First Name      | Middle Name | Last Name   |
| United States Bankruptcy Court for the: <u>Northern District of Illinois</u> |                 |             |             |
| Case number<br>(If known) _____  |                 |             |             |

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property | Current value of the<br>portion you own    | Amount of the exemption you claim   | Specific laws that allow exemption |
|---|--|---|------------------------------------|
|   | Copy the value from<br><i>Schedule A/B</i> | Check only one box for each exemption.  |                                    |
| Brief description: <u>See Attachment 1</u>  | \$ <u>1,500.00</u>                         | <input checked="" type="checkbox"/> \$ <u>1,500.00</u><br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(c)              |
| Line from<br><i>Schedule A/B</i> : <u>3.1</u>   |  |   |                                    |
| Brief description: <u>See Attachment 2</u>  | \$ <u>2,000.00</u>                         | <input checked="" type="checkbox"/> \$ <u>2,000.00</u><br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(c)              |
| Line from<br><i>Schedule A/B</i> : <u>3.2</u>   |  |   |                                    |
| Brief description: <u>See Attachment 3</u>  | \$ <u>1,500.00</u>                         | <input checked="" type="checkbox"/> \$ <u>1,500.00</u><br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line from<br><i>Schedule A/B</i> : <u>6</u>   |  |   |                                    |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

## Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property |                         | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption  | Specific laws that allow exemption |
|---|-------------------------|--|---|------------------------------------|
| Brief description:  | TV, computer,printer    | \$ 400.00  | <input checked="" type="checkbox"/> \$ 400.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:   | 7                       |  |   |                                    |
| Brief description:  | See Attachment 4        | \$ 300.00  | <input checked="" type="checkbox"/> \$ 300.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a),(e)          |
| Line from Schedule A/B:   | 11                      |  |   |                                    |
| Brief description:  | Wedding rings and bands | \$ 800.00  | <input checked="" type="checkbox"/> \$ 800.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:   | 12                      |  |   |                                    |
| Brief description:  | Cash on hand            | \$ 40.00   | <input checked="" type="checkbox"/> \$ 40.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:   | 16                      |  |   |                                    |
| Brief description:  | See Attachment 5        | \$ 537.69  | <input checked="" type="checkbox"/> \$ 537.69<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B:   | 17.1                    |  |   |                                    |
| Brief description:  | See Attachment 6        | \$ 247.52  | <input checked="" type="checkbox"/> \$ 247.52<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006                 |
| Line from Schedule A/B:   | 21                      |  |   |                                    |
| Brief description:  |                         | \$   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             |                                    |
| Line from Schedule A/B:   |                         |  |   |                                    |
| Brief description:  |                         | \$   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             |                                    |
| Line from Schedule A/B:   |                         |  |   |                                    |
| Brief description:  |                         | \$   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             |                                    |
| Line from Schedule A/B:   |                         |  |   |                                    |
| Brief description:  |                         | \$   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             |                                    |
| Line from Schedule A/B:   |                         |  |   |                                    |
| Brief description:  |                         | \$   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             |                                    |
| Line from Schedule A/B:   |                         |  |   |                                    |
| Brief description:  |                         | \$   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit             |                                    |
| Line from Schedule A/B:   |                         |  |   |                                    |

Attachment  
Debtor: Raymond J Pyse Case No:

Attachment 1

2003 Chevy Trail Blazer with 199,000 miles.

Attachment 2

2001 Chevy Silverado with 145,000 miles.

Attachment 3

Couch, chairs, Bedroom set, lamps, tables, misc others

Attachment 4

Misc everyday wearing apparel

Attachment 5

Checking Account with First National Bank of Amboy

Attachment 6

401(k) or Similar Plan with Fidelity

Fill in this information to identify your case:

|   |                 |                                |             |           |
|---|-----------------|--------------------------------|-------------|-----------|
| Debtor 1  | Raymond J Pyse  | First Name                     | Middle Name | Last Name |
| Debtor 2  | Jennifer L Pyse | (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Illinois |                 |                                |             |           |
| Case number (If known)  |                 |                                |             |           |

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

| 2. List all secured claims.   | Describe the property that secures the claim:  | Column A<br>Amount of claim<br>Do not deduct the value of collateral.   | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |  |
|---|--|---|--|---|--|
| 2.1   | Describe the property that secures the claim:<br><br>Creditor's Name _____<br><br>Number Street _____<br><br>City State ZIP Code _____   | \$ _____  | \$ _____   | \$ _____                                |  |
|   | As of the date you file, the claim is: Check all that apply.<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |   |  |
|   | Nature of lien. Check all that apply.<br><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim relates to a community debt | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |  |   |  |
|   | Date debt was incurred _____   | Last 4 digits of account number _____   |  |   |  |
| 2.2   | Describe the property that secures the claim:<br><br>Creditor's Name _____<br><br>Number Street _____<br><br>City State ZIP Code _____   | \$ _____  | \$ _____   | \$ _____                                |  |
|   | As of the date you file, the claim is: Check all that apply.<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |   |  |   |  |
|   | Nature of lien. Check all that apply.<br><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim relates to a community debt | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |  |   |  |
|   | Date debt was incurred _____   | Last 4 digits of account number _____   |  |   |  |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____ |  |   |  |   |  |

Fill in this information to identify your case:

|   |                 |             |
|---|-----------------|-------------|
| Debtor 1  | Raymond J Pyse  |             |
|   | First Name      | Middle Name |
| Debtor 2  | Jennifer L Pyse |             |
| (Spouse, if filing)   | First Name      | Middle Name |
| United States Bankruptcy Court for the: Northern District of Illinois |                 |             |
| Case number (If known) _____  |                 |             |

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.  
 Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|   | Total claim   | Priority amount  | Nonpriority amount |
|---|---|--|--------------------|
| 2.1   | \$ 720.00   | \$ 720.00  | \$ 0.00            |
| Minerva Delgado<br>Priority Creditor's Name   | Last 4 digits of account number   |  |                    |
| 1405 West Third<br>Number Street  | When was the debt incurred?   |  |                    |
| Apt. 1  | As of the date you file, the claim is: Check all that apply.  |  |                    |
| Dixon IL 61021<br>City State ZIP Code   | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | Type of PRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |                    |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |   |  |                    |
| <input type="checkbox"/> Check if this claim is for a community debt  |   |  |                    |
| Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |  |                    |
| 2.2   | Last 4 digits of account number   | \$   | \$                 |
| Priority Creditor's Name  | When was the debt incurred?   |  |                    |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |  |                    |
| City State ZIP Code   | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____            |                    |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another            |   |  |                    |
| <input type="checkbox"/> Check if this claim is for a community debt  |   |  |                    |
| Is the claim subject to offset?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |  |                    |

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

|     |  | Total claim  |
|-----|--|--|
| 4.1 | <b>Arrow Financial Services, LLC</b><br>Nonpriority Creditor's Name<br>5996 W. Touhy Avenue<br>Number Street<br>Niles IL 60714<br>City State ZIP Code  | Last 4 digits of account number <u>4 5 4 5</u><br>When was the debt incurred? <u>3/14/2008</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |
|     | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt            | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u> |
|     | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |
| 4.2 | <b>Beneficial Company LLC</b><br>Nonpriority Creditor's Name<br>26525 N. Riverwoods Blvd<br>Number Street<br>Mettawa IL 60045<br>City State ZIP Code   | Last 4 digits of account number <u>6 3 6 2</u><br>When was the debt incurred? <u>2/7/2008</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |
|     | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>         |
|     | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |
| 4.3 | <b>CGH Health Centers</b><br>Nonpriority Creditor's Name<br>101 E. Lefevre Road<br>Number Street<br>Sterling IL 61081<br>City State ZIP Code   | Last 4 digits of account number <u>0 9 3 9</u><br>When was the debt incurred? _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |
|     | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> Check if this claim is for a community debt | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>    |
|     | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.4

CGH Medical Center

Nonpriority Creditor's Name

101 E. Lefevre Road

Number Street

Sterling

IL

61081

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 3 6 0 0

\$1,757.40

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.5

CGH Medical Center

Nonpriority Creditor's Name

101 E. Lefevre Road

Number Street

Sterling

IL

61081

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 0 5 5 3

\$6,092.39

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.6

CGH Medical Health Center

Nonpriority Creditor's Name

101 E. Lefevre Road

Number Street

Sterling

IL

61081

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 3 6 0 0

\$591.76

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.7

Comcast Cable Communications Inc.

Nonpriority Creditor's Name

4450 Kishwaukee Street

Number Street

Rockford IL 61109

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 9 0 5 9

\$ 440.33

**When was the debt incurred?** 12/14/2015**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Cable television

4.8

Crusader Pharmacy

Nonpriority Creditor's Name

1100 Broadway

Number Street

Rockford IL 61104

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 6 6 0 2

\$ 143.51

**When was the debt incurred?** 1/9/2008**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.9

Fidelity Investments

Nonpriority Creditor's Name

Institutional Operations 82 Devonshire Street

Number Street

Boston MA 02109

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

\$ 11,881.04

**When was the debt incurred?** 8/24/2015**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  |  |  |  | Total claim |
|--|--|--|--|--|-------------|
| 4.10   | Financial Recovery Services, Inc.<br>Nonpriority Creditor's Name<br><br>PO Box 385908<br>Number Street<br>Minneapolis MN 55438-5908<br>City State ZIP Code |  |  | Last 4 digits of account number 5 6 7 4  | \$ 1,561.46 |
|  |  |  |  | When was the debt incurred? 12/21/2006   |             |
|  |  |  |  | As of the date you file, the claim is: Check all that apply.   |             |
|  |  |  |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |             |
|  |  |  |  | Type of NONPRIORITY unsecured claim:   |             |
|  |  |  |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify Credit Card Charges |             |
|  |  |  |  |  |             |
| 4.11   | Insight Communications<br>Nonpriority Creditor's Name<br><br>115 N. Galena Avenue<br>Number Street<br>Dixon IL 61021-2117<br>City State ZIP Code           |  |  | Last 4 digits of account number 8 0 0 6  | \$ 148.10   |
|  |  |  |  | When was the debt incurred? 10/23/2006   |             |
|  |  |  |  | As of the date you file, the claim is: Check all that apply.   |             |
|  |  |  |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |             |
|  |  |  |  | Type of NONPRIORITY unsecured claim:   |             |
|  |  |  |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify Cable TV            |             |
| 4.12   | KSB Hospital<br>Nonpriority Creditor's Name<br><br>PO Box 737<br>Number Street<br>Dixon IL 61021<br>City State ZIP Code                                    |  |  | Last 4 digits of account number 8 6 5 8  | \$ 409.25   |
|  |  |  |  | When was the debt incurred? 1/16/2016  |             |
|  |  |  |  | As of the date you file, the claim is: Check all that apply.   |             |
|  |  |  |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |             |
|  |  |  |  | Type of NONPRIORITY unsecured claim:   |             |
|  |  |  |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify Medical Services    |             |
|  |  |  |  |  |             |

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  |  |  |   | Total claim |
|--|--|--|--|---|-------------|
| 4.13   | <b>KSB Hospital</b><br>Nonpriority Creditor's Name<br><b>PO Box 737</b><br>Number Street<br><b>Dixon IL 61021-0737</b><br>City State ZIP Code  |  |  | <b>Last 4 digits of account number</b> <u>0 9 3 9</u><br><b>When was the debt incurred?</b> <u>7/15/2009</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$8,326.95  |
|  |  |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |  |  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |             |
| 4.14   | <b>KSB Hospital</b><br>Nonpriority Creditor's Name<br><b>PO Box 737</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>8 6 5 9</u><br><b>When was the debt incurred?</b> <u>1/18/2016</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$390.97    |
|  |  |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another            |  |  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |             |
| 4.15   | <b>KSB Hospital &amp; KSB Medical Group</b><br>Nonpriority Creditor's Name<br><b>PO Box 590</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>0 9 8 2</u><br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$945.20    |
|  |  |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |  |  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |             |

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   |  |  | Total claim  |
|--|---|--|--|--|
| 4.16   | <b>KSB Medical Group</b><br>Nonpriority Creditor's Name<br><b>PO Box 590</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>0 9 3 9</u> <b>\$ 727.11</b><br><b>When was the debt incurred?</b> <u>4/13/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |
|  | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |  |  |
| 4.17   | <b>KSB Medical Group, Inc.</b><br>Nonpriority Creditor's Name<br><b>PO Box 590</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>9 7 2 0</u> <b>\$ 17.83</b><br><b>When was the debt incurred?</b> <u>12/25/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |
| 4.18   | <b>KSB Medical Group, Inc.</b><br>Nonpriority Creditor's Name<br><b>PO Box 590</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>9 7 2 1</u> <b>\$ 48.98</b><br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>             |

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.19

Lyle R. Sword

Nonpriority Creditor's Name

506 N. 1st Street

Number Street

Ashton IL 61006  
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_

\$350.00

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal Loan

4.20

Mutual Management Services

Nonpriority Creditor's Name

401 East State Street, 2nd Floor PO Box 4777

Number Street  
Rockford IL 61110  
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 0 3 8 4

\$856.69

**When was the debt incurred?** 6/29/2009**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.21

Northwest Podiatry Center(DeKalb)1st

Nonpriority Creditor's Name

3254 Sycamore Road

Number Street  
Dekalb IL 60115  
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 7 7 2 3

\$720.00

**When was the debt incurred?** 7/15/2005**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   |  |  |   | Total claim |
|--|---|--|--|---|-------------|
| 4.22   | <b>Now Care LLC</b><br>Nonpriority Creditor's Name<br><b>PO Box 455</b><br>Number Street<br><b>Prairieville LA 70769-2064</b><br>City State ZIP Code  |  |  | <b>Last 4 digits of account number</b> <u>8 6 4 8</u><br><b>When was the debt incurred?</b> <u>4/16/2009</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$74.00     |
|  |   |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b> |  |  |   |             |
|  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |  |   |             |
| 4.23   | <b>RMCB</b><br>Nonpriority Creditor's Name<br><b>PO Box 1234</b><br>Number Street<br><b>Elmsford NY 10523-0934</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>7 1 3 6</u><br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$31.03     |
|  |   |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Music CD's</u>       |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b>            |  |  |   |             |
|  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |  |   |             |
| 4.24   | <b>Rockford Mercantile Agency, Inc.</b><br>Nonpriority Creditor's Name<br><b>PO Box 5847</b><br>Number Street<br><b>Rockford IL 61125-0847</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>9 1 9 5</u><br><b>When was the debt incurred?</b> <u>7/13/2009</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$350.00    |
|  |   |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b>            |  |  |   |             |
|  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |  |  |   |             |

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  |  |  |  | Total claim |
|--|--|--|--|--|-------------|
| 4.25   | <b>Target</b><br>Nonpriority Creditor's Name<br><b>3885 E. Main</b><br>Number Street<br><b>St. Charles IL 60174</b><br>City State ZIP Code   |  |  | <b>Last 4 digits of account number</b> <u>2 6 6 1</u><br><b>When was the debt incurred?</b> <u>3/11/2008</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$439.12    |
|  |  |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u> |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b> |  |  |  |             |
|  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |  |             |
| 4.26   | <b>US Cellular</b><br>Nonpriority Creditor's Name<br><b>955 N. Galena Avenue</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code  |  |  | <b>Last 4 digits of account number</b> <u>0 8 4 6</u><br><b>When was the debt incurred?</b> <u>4/7/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | \$499.76    |
|  |  |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Cell phone</u>          |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b>            |  |  |  |             |
|  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |  |             |
| 4.27   | <b>Verizon Wireless</b><br>Nonpriority Creditor's Name<br><b>1684 S. Galena Avenue</b><br>Number Street<br><b>Dixon IL 61021</b><br>City State ZIP Code  |  |  | <b>Last 4 digits of account number</b> <u>5 5 6 7</u><br><b>When was the debt incurred?</b> <u>3/30/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   | \$970.38    |
|  |  |  |  | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Cell phone</u>          |             |
|  | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b>                       |  |  |  |             |
|  | <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |  |             |

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.  |   |  |  | Total claim   |
|---|---|--|--|---|
| 4.28  | Warner Family Chiropractic<br>Nonpriority Creditor's Name<br>1125 North Galena Avenue<br>Number Street<br>Dixon IL 61021<br>City State ZIP Code |  |  | Last 4 digits of account number <u>4 7 4 9</u><br>When was the debt incurred? <u>1/192008</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Dental Services</u> |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   |  |  |   |
| 4.29  | Nonpriority Creditor's Name<br>Number Street<br>City State ZIP Code   |  |  | Last 4 digits of account number _____ \$ _____<br>When was the debt incurred? _____<br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____                                       |
| 4.30  | Nonpriority Creditor's Name<br>Number Street<br>City State ZIP Code   |  |  | Last 4 digits of account number _____ \$ _____<br>When was the debt incurred? _____<br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____                                       |

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Firstsource Advantage, LLC

Name

PO Box 628

Number Street

Buffalo, NY 14240-0628

City

State

ZIP Code

GMC Credit Services

Name

PO Box 411

Number Street

Petaluma, CA 94953-0411

City

State

ZIP Code

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

Minerva Pyse Delgado

Name

1405 W. 3rd, Apt. 1

Number Street

Dixon, Illinois 61021

City

State

ZIP Code

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 6081

City

State

ZIP Code

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, IL 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 5 4 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 3 6 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 9 3 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 0 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 0 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 5 5 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 0 0

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Joseph, Mann & Creed

Name

PO Box 1270

Number Street

Twinsburg, OH 44087

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Rockford Mercantile Agency, Inc.

Name

PO Box 5847

Number Street

Rockford, Illinois 61125-0847

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Credit Protection Association, LP

Name

13355 N. Noel Road

Number Street

Dallas, TX 75240

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Sterling, Illinois 61081-3611

City

State

ZIP Code

Last 4 digits of account number 8 6 5 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Sterling, Illinois 61081-3611

City

State

ZIP Code

Last 4 digits of account number 0 9 8 2

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, IL 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 9 3 9

RRCA

Name

201 E. 3rd STreet

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 7 2 0

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 7 2 1

Keynote Consulting, Inc.

Name

220 W. Campus Dr. #2

Number Street

Arlington Heights, Illinois 60004-1498

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 7 2 3

RRCA

Name

201E. 3rd Street

Number Street

Sterling, Illinois 61081

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 6 4 8

NCO Financial Systems

Name

Number Street

PO Box 4907

Trenton, NJ 08650-4907

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 6 6 1

Credit Management, LP

Name

PO Box 118288

Number Street

Carrollton, TX 75011-8288

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 8 4 6

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

The CBE Group, Inc.

Name

Payment Processing Center

Number Street

PO Box 2038

Waterloo, IA 50704-2038

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 5 6 7

Creditors' Alliance, Inc.

Name

PO Box 1288

Number Street

Bloomington, Illinois 61702-1288

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 7 4 9

RRCA

Name

201 E. 3rd Street

Number Street

Sterling, Illinois 61081-3611

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 7 4 9

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
Add the amounts for each type of unsecured claim.

|                          |  | <b>Total claim</b> |
|--------------------------|--|--------------------|
| Total claims from Part 1 | 6a. Domestic support obligations   | 6a. \$ 720.00      |
|                          | 6b. Taxes and certain other debts you owe the government                       | 6b. \$ 0.00        |
|                          | 6c. Claims for death or personal injury while you were intoxicated             | 6c. \$ 0.00        |
|                          | 6d. Other. Add all other priority unsecured claims.<br>Write that amount here. | 6d. + \$ 0.00      |
|                          | 6e. Total. Add lines 6a through 6d.  | 6e. \$ 720.00      |

|                          |   | <b>Total claim</b> |
|--------------------------|---|--------------------|
| Total claims from Part 2 | 6f. Student loans   | 6f. \$ 0.00        |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00        |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$ 11,881.04   |
|                          | 6i. Other. Add all other nonpriority unsecured claims.<br>Write that amount here.                           | 6i. + \$ 48,108.07 |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j. \$ 59,989.11   |

Fill in this information to identify your case:

|   |                 |            |             |           |
|---|-----------------|------------|-------------|-----------|
| Debtor  | Raymond J Pyse  | First Name | Middle Name | Last Name |
| Debtor 2<br>(Spouse if filing)  | Jennifer L Pyse | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Illinois |                 |            |             |           |
| Case number<br>(if known) _____                                       |                 |            |             |           |

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease   |  |  | State what the contract or lease is for   |  |
|-----|--|--|--|---|--|
| 2.1 | Ed Dresden<br>Name<br>2245 Pine Bluff Road<br>Number Street<br>Dixon IL 61021<br>City State ZIP Code |  |  | Have resided in rental residence for 3 years.<br>Had a year lease for the first year then month to month after. |  |
| 2.2 | Name<br>Number Street<br>City State ZIP Code   |  |  |   |  |
| 2.3 | Name<br>Number Street<br>City State ZIP Code   |  |  |   |  |
| 2.4 | Name<br>Number Street<br>City State ZIP Code   |  |  |   |  |
| 2.5 | Name<br>Number Street<br>City State ZIP Code   |  |  |   |  |

Fill in this information to identify your case:

Debtor 1 Raymond J Pyse  
First Name Middle Name Last Name

Debtor 2 Jennifer L Pyse  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number (If known) \_\_\_\_\_

Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include

Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Minerva Pyse Delgado  
Name  
1405 W. 3rd, Apt. 1  
Number Street  
Dixon IL 61021  
City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.4  
 Schedule G, line \_\_\_\_\_

3.2

Name  
Number Street  
City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.3

Name  
Number Street  
City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

|   |                 |             |           |
|---|-----------------|-------------|-----------|
| Debtor 1  | Raymond J Pyse  |             |           |
|   | First Name      | Middle Name | Last Name |
| Debtor 2  | Jennifer L Pyse |             |           |
| (Spouse, if filing)   | First Name      | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Illinois |                 |             |           |
| Case number<br>(If known) _____                                       |                 |             |           |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:  
 MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                          | Debtor 1  | Debtor 2 or non-filing spouse   |
|--------------------------|---|---|
| Employment status        | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input type="checkbox"/> Employed<br><input checked="" type="checkbox"/> Not employed |
| Occupation               | Operator  |   |
| Employer's name          | AgView FS   |   |
| Employer's address       | 902 IL Rt. 26<br>Number Street<br>Amboy, IL 61031<br>City State ZIP Code              |   |
| How long employed there? | 16 years  |   |

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1   | For Debtor 2 or non-filing spouse |
|--|----------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 3,450.94 | \$ _____                          |
| 3. Estimate and list monthly overtime pay.   | 3. + \$ 851.18 | + \$ _____                        |
| 4. Calculate gross income. Add line 2 + line 3.  | 4. \$ 4,302.12 | \$ 0.00                           |

Debtor 1 Raymond J Pyse  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

|   | <u>For Debtor 1</u> | <u>For Debtor 2 or<br/>non-filing spouse</u> |
|---|---------------------|--|
| <b>Copy line 4 here .....</b>   | → 4. \$ 4,302.12    | \$ 0.00                                      |
| <b>5. List all payroll deductions:</b>  |                     |  |
| 5a. <b>Tax, Medicare, and Social Security deductions</b>  | 5a. \$ 822.10       | \$ _____                                     |
| 5b. <b>Mandatory contributions for retirement plans</b>   | 5b. \$ 0.00         | \$ _____                                     |
| 5c. <b>Voluntary contributions for retirement plans</b>   | 5c. \$ 0.00         | \$ _____                                     |
| 5d. <b>Required repayments of retirement fund loans</b>   | 5d. \$ 265.55       | \$ _____                                     |
| 5e. <b>Insurance</b>  | 5e. \$ 619.08       | \$ _____                                     |
| 5f. <b>Domestic support obligations</b>   | 5f. \$ 0.00         | \$ _____                                     |
| 5g. <b>Union dues</b>   | 5g. \$ 0.00         | \$ _____                                     |
| 5h. <b>Other deductions.</b> Specify: _____   | 5h. + \$ 0.00       | + \$ _____                                   |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  | 6. \$ 1,706.73      | \$ 0.00                                      |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.   | 7. \$ 2,595.39      | \$ 0.00                                      |
| <b>8. List all other income regularly received:</b>   |                     |  |
| 8a. <b>Net income from rental property and from operating a business,<br/>profession, or farm</b><br><br>Attach a statement for each property and business showing gross<br>receipts, ordinary and necessary business expenses, and the total<br>monthly net income.  | 8a. \$ 0.00         | \$ 0.00                                      |
| 8b. <b>Interest and dividends</b>   | 8b. \$ 0.00         | \$ 0.00                                      |
| 8c. <b>Family support payments that you, a non-filing spouse, or a dependent<br/>regularly receive</b><br><br>Include alimony, spousal support, child support, maintenance, divorce<br>settlement, and property settlement.   | 8c. \$ 0.00         | \$ 0.00                                      |
| 8d. <b>Unemployment compensation</b>  | 8d. \$ 0.00         | \$ 0.00                                      |
| 8e. <b>Social Security</b>  | 8e. \$ 0.00         | \$ 0.00                                      |
| 8f. <b>Other government assistance that you regularly receive</b><br><br>Include cash assistance and the value (if known) of any non-cash assistance<br>that you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies.<br><br>Specify: _____   | 8f. \$ 0.00         | \$ 0.00                                      |
| 8g. <b>Pension or retirement income</b>   | 8g. \$ 0.00         | \$ 0.00                                      |
| 8h. <b>Other monthly income.</b> Specify: _____   | 8h. + \$ 0.00       | + \$ 0.00                                    |
| <b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  | 9. \$ 0.00          | \$ 0.00                                      |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$ 2,595.39     | + \$ 0.00 = \$ 2,595.39                      |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other<br>friends or relatives.<br><br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br><br>Specify: _____ |                     |  |
|   |                     | 11. + \$ 0.00                                |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies  |                     |  |
|   |                     | 12. \$ 2,595.39                              |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>  |                     |  |
| <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____  |                     |  |
| <b>Combined monthly income</b>  |                     |  |

**Fill in this information to identify your case:**

|   |                 |            |             |           |
|---|-----------------|------------|-------------|-----------|
| Debtor 1  | Raymond J Pyse  | First Name | Middle Name | Last Name |
| Debtor 2  | Jennifer L Pyse | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Illinois |                 |            |             |           |
| Case number<br>(If known) _____                                       |                 |            |             |           |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Son \_\_\_\_\_

16 \_\_\_\_\_

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 495.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

- 4a. \$ 0.00
- 4b. \$ 8.00
- 4c. \$ 0.00
- 4d. \$ 0.00

Debtor 1 Raymond J Pyse  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

- 6a. Electricity, heat, natural gas
- 6b. Water, sewer, garbage collection
- 6c. Telephone, cell phone, Internet, satellite, and cable services
- 6d. Other. Specify: \_\_\_\_\_

6a. \$ 149.56  
 6b. \$ 62.00  
 6c. \$ 283.00  
 6d. \$ 0.00

7. Food and housekeeping supplies

7. \$ 400.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 20.00

10. Personal care products and services

10. \$ 50.00

11. Medical and dental expenses

11. \$ 60.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 120.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

- 15a. Life insurance
- 15b. Health insurance
- 15c. Vehicle insurance
- 15d. Other insurance. Specify: \_\_\_\_\_

15a. \$ 0.00  
 15b. \$ 0.00  
 15c. \$ 120.00  
 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ 0.00

17. Installment or lease payments:

- 17a. Car payments for Vehicle 1
- 17b. Car payments for Vehicle 2
- 17c. Other. Specify: \_\_\_\_\_
- 17d. Other. Specify: \_\_\_\_\_

17a. \$ 0.00  
 17b. \$ 0.00  
 17c. \$ 0.00  
 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 720.00

19. Other payments you make to support others who do not live with you.

Specify: \_\_\_\_\_

19. \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- 20a. Mortgages on other property
- 20b. Real estate taxes
- 20c. Property, homeowner's, or renter's insurance
- 20d. Maintenance, repair, and upkeep expenses
- 20e. Homeowner's association or condominium dues

20a. \$ 0.00  
 20b. \$ 0.00  
 20c. \$ 0.00  
 20d. \$ 0.00  
 20e. \$ 0.00

**Your expenses**

Debtor 1 Raymond J Pyse  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ 0.00 \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 2,487.56  
\$  
\$ 2,487.56

22.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,595.39 \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. - \$ 2,487.56 \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 107.83 \_\_\_\_\_

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

|                     |            |             |           |
|---------------------|------------|-------------|-----------|
| Debtor 1            | Raymond    | J           | Pyse      |
|                     | First Name | Middle Name | Last Name |
| Debtor 2            | Jennifer   | L           | Pyse      |
| (Spouse, if filing) | First Name | Middle Name | Last Name |

United States Bankruptcy Court for the: Northern District of Illinois

Case number  
(If known)

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

| Your assets   |             |
|---|-------------|
| Value of what you own   |             |
| 1. Schedule A/B: Property (Official Form 106A/B)                  |             |
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | \$ 0.00     |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ 7,325.21 |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | \$ 7,325.21 |

#### Part 2: Summarize Your Liabilities

| Your liabilities   |                |
|--|----------------|
| Amount you owe   |                |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  |                |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D ..... | \$ 0.00        |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  |                |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F .....                     | \$ 720.00      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....                   | + \$ 59,989.11 |
| Your total liabilities   |                |
|  | \$ 60,709.11   |

#### Part 3: Summarize Your Income and Expenses

|   |             |
|---|-------------|
| 4. Schedule I: Your Income (Official Form 106I)                       |             |
| Copy your combined monthly income from line 12 of Schedule I .....    | \$ 2,595.39 |
| 5. Schedule J: Your Expenses (Official Form 106J)                     |             |
| Copy your monthly expenses from line 22, Column A, of Schedule J..... | \$ 2,487.56 |

Debtor 1 Raymond

J

First Name

Middle Name

Last Name

Pyse

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4,302.12

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.****Total claim****From Part 4 on Schedule E/F, copy the following:**

|  |                |
|--|----------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$ 720.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ 0.00        |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$ 0.00        |
| 9d. Student loans. (Copy line 6f.)   | \$ 0.00        |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00        |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$ 11,881.04 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ 12,601.04   |

Fill in this information to identify your case:

Debtor 1 Raymond J Pyse  
First Name Middle Name Last Name  
Debtor 2 Jennifer L Pyse  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Northern District Of Illinois  
Case number (If known) \_\_\_\_\_

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** s/Raymond J Pyse  
Signature of Debtor 1

**X** s/Jennifer Pyse  
Signature of Debtor 2

Date 09/09/2016  
MM / DD / YYYY

Date 09/09/2016  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Raymond J Pyse  
First Name Middle Name Last Name  
Debtor 2 Jennifer L Pyse  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Northern District of Illinois  
Case number (If known) \_\_\_\_\_

Check if this is an amended filing

Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

## Part 2: Explain the Sources of Your Income

### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

|   | Debtor 1   | Debtor 2   |   |  |
|---|--|--|---|--|
|   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                        | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ 27,538.51                                       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____   |
| <b>For last calendar year:</b><br><br>(January 1 to December 31, <u>2015</u> <u>YYYY</u> )            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ 53,131.00                                       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____   |
| <b>For the calendar year before that:</b><br><br>(January 1 to December 31, <u>2014</u> <u>YYYY</u> ) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ 52,060.74                                       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____   |

### 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

|   | Debtor 1                             | Debtor 2  |                                      |   |
|---|--------------------------------------|---|--------------------------------------|---|
|   | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>            |                                      | \$ _____  | \$ _____                             | \$ _____  |
|   |                                      | \$ _____  | \$ _____                             | \$ _____  |
|   |                                      | \$ _____  | \$ _____                             | \$ _____  |
| <b>For last calendar year:</b><br><br>(January 1 to December 31, <u>YYYY</u> )            |                                      | \$ _____  | \$ _____                             | \$ _____  |
|   |                                      | \$ _____  | \$ _____                             | \$ _____  |
|   |                                      | \$ _____  | \$ _____                             | \$ _____  |
| <b>For the calendar year before that:</b><br><br>(January 1 to December 31, <u>YYYY</u> ) |                                      | \$ _____  | \$ _____                             | \$ _____  |
|   |                                      | \$ _____  | \$ _____                             | \$ _____  |
|   |                                      | \$ _____  | \$ _____                             | \$ _____  |

Debtor 1

Raymond J Pyse  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Dates of payment    | Total amount paid | Amount you still owe | Was this payment for...   |
|---------------------|-------------------|----------------------|---|
| Creditor's Name     | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Number Street       | _____             | _____                |   |
| City State ZIP Code | _____             | _____                |   |
| Creditor's Name     | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Number Street       | _____             | _____                |   |
| City State ZIP Code | _____             | _____                |   |
| Creditor's Name     | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Number Street       | _____             | _____                |   |
| City State ZIP Code | _____             | _____                |   |

Debtor 1 Raymond J Pyse  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      |                  | \$ _____          | \$ _____             |                         |
| Number Street       |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |
| Insider's Name      |                  | \$ _____          | \$ _____             |                         |
| Number Street       |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name      |                  | \$ _____          | \$ _____             |  |
| Number Street       |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |
| Insider's Name      |                  | \$ _____          | \$ _____             |  |
| Number Street       |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |

Debtor 1

Raymond J Pyse  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| Nature of the case  | Court or agency   | Status of the case  |
|---|---|---|
| Case title <u>RRCA Accounts Mangement</u><br><br><u>vs. Pyse, Raymond</u> | Medical payments<br><br>Lee County-Fifteenth Judicial<br>Court Name<br><br>309 S. Galena Avenue<br>Number Street<br><br>Dixon IL 61021<br>City State ZIP Code | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case title _____<br><br>Case number _____                                 | Court Name<br><br>Number Street<br><br>City State ZIP Code  | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded            |
| Case number _____   |   |   |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

| Describe the property   | Date  | Value of the property |
|---|---|-----------------------|
| Creditor's Name<br><br>Number Street<br><br>City State ZIP Code | _____   | \$ _____              |
| Explain what happened   | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |                       |
|   |   |                       |
| Describe the property   | Date  | Value of the property |
| Creditor's Name<br><br>Number Street<br><br>City State ZIP Code | _____   | \$ _____              |
| Explain what happened   | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |                       |
|   |   |                       |

Debtor 1

Raymond J Pyse  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

| Describe the action the creditor took |                | Date action was taken                       | Amount   |
|---------------------------------------|----------------|---|----------|
| Creditor's Name                       |                |   |          |
| Number Street                         |                |   | \$ _____ |
| City                                  | State ZIP Code | Last 4 digits of account number: XXXX-_____ |          |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value    |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift                       |                    |                          | \$ _____ |
| Number Street  |                    |                          | \$ _____ |
| City   | State ZIP Code     |                          |          |
| Person's relationship to you                           |                    |                          |          |

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value    |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift                       |                    |                          | \$ _____ |
| Number Street  |                    |                          | \$ _____ |
| City   | State ZIP Code     |                          |          |
| Person's relationship to you                           |                    |                          |          |

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value    |
|--|-------------------------------|----------------------|----------|
| Charity's Name   |                               |                      | \$ _____ |
| Number Street  |                               |                      | \$ _____ |
| City State ZIP Code  |                               |                      |          |

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|  |   |                   | \$ _____               |

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made                  | Amount of payment    |
|---|--|----------------------|
| Dixon & Giesen Law Offices<br>Person Who Was Paid | 121 East First Street, PO Box 389<br>Number Street | 02/02/16 \$ 1,000.00 |
| Dixon IL 61021<br>City State ZIP Code             |  | \$ _____             |
| Email or website address                          |  |                      |
| Person Who Made the Payment, if Not You           |  |                      |

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

DebtorCC, Inc.

Person Who Was Paid

378 Summitt Avenue

Number Street

Jersey City      NJ      07306  
City                  State                  ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

08/02/16      \$ 14.95

\$ \_\_\_\_\_

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

\$ \_\_\_\_\_

Number Street

\$ \_\_\_\_\_

City      State      ZIP Code

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person Who Received Transfer

\_\_\_\_\_

Number Street

City      State      ZIP Code

Person's relationship to you \_\_\_\_\_

Person Who Received Transfer

Number Street

City      State      ZIP Code

Person's relationship to you \_\_\_\_\_

Debtor 1 Raymond J Pyse  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust _____<br>_____<br>_____             | _____                  |

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

| Last 4 digits of account number                       | Type of account or instrument | Date account was closed, sold, moved, or transferred   | Last balance before closing or transfer |
|---|-------------------------------|--|---|
| Name of Financial Institution _____<br>_____<br>_____ | XXXX- _____<br>_____          | <input type="checkbox"/> Checking _____<br><input type="checkbox"/> Savings _____<br><input type="checkbox"/> Money market _____<br><input type="checkbox"/> Brokerage _____<br><input type="checkbox"/> Other _____ | \$ _____                                |
| Number Street _____<br>_____<br>_____                 | XXXX- _____<br>_____          | <input type="checkbox"/> Checking _____<br><input type="checkbox"/> Savings _____<br><input type="checkbox"/> Money market _____<br><input type="checkbox"/> Brokerage _____<br><input type="checkbox"/> Other _____ | \$ _____                                |
| City _____ State _____ ZIP Code _____                 | XXXX- _____<br>_____          | <input type="checkbox"/> Checking _____<br><input type="checkbox"/> Savings _____<br><input type="checkbox"/> Money market _____<br><input type="checkbox"/> Brokerage _____<br><input type="checkbox"/> Other _____ | \$ _____                                |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

| Who else had access to it?                            | Describe the contents                 | Do you still have it?  |
|---|---------------------------------------|--|
| Name of Financial Institution _____<br>_____<br>_____ | Name _____<br>_____<br>_____          | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
| Number Street _____<br>_____<br>_____                 | Number Street _____<br>_____<br>_____ |  |
| City _____ State _____ ZIP Code _____                 | _____                                 |  |

Debtor 1 Raymond J Pyse  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

| Who else has or had access to it? | Describe the contents | Do you still have it?                                       |
|-----------------------------------|-----------------------|---|
| Name of Storage Facility          | Name                  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Number Street                     | Number Street         |   |
| City State ZIP Code               |                       |   |
| City                              | State                 | ZIP Code  |

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

| Where is the property? | Describe the property | Value    |
|------------------------|-----------------------|----------|
| Owner's Name           |                       | \$ _____ |
| Number Street          | Number Street         |          |
| City                   | State                 | ZIP Code |

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|-------------------|-----------------------------------|----------------|
| Name of site      | Governmental unit                 | _____          |
| Number Street     | Number Street                     |                |
| City              | State                             | ZIP Code       |
| City              | State                             | ZIP Code       |

Debtor 1 Raymond J Pyse  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

No

Yes. Fill in the details.

| Governmental unit |                   | Environmental law, if you know it | Date of notice |
|-------------------|-------------------|-----------------------------------|----------------|
| Name of site      | Governmental unit |                                   |                |
| Number Street     | Number Street     |                                   |                |
|                   |                   | City State ZIP Code               |                |
| City              | State             | ZIP Code                          |                |

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Fill in the details.

| Court or agency     | Nature of the case | Status of the case |
|---------------------|--------------------|--------------------|
| Case title          |                    |                    |
| Court Name          |                    |                    |
| Number Street       |                    |                    |
| Case number         |                    |                    |
| City State ZIP Code |                    |                    |

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

|                     |                                     |  |
|---------------------|-------------------------------------|--|
| Business Name       | Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN. |
| Number Street       |                                     | EIN: _____   |
| City State ZIP Code |                                     | Dates business existed   |
| From _____ To _____ |                                     |  |
| Business Name       | Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN. |
| Number Street       |                                     | EIN: _____   |
| City State ZIP Code |                                     | Dates business existed   |
| From _____ To _____ |                                     |  |

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

Business Name

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.

Number Street

Name of accountant or bookkeeper

EIN: \_\_\_\_\_ - \_\_\_\_\_

City State ZIP Code

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 s/Raymond J Pyse

Signature of Debtor 1

 s/Jennifer Pyse

Signature of Debtor 2

Date 9 September 2016

Date 9 September 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1 Raymond J Pyse  
 First Name Middle Name Last Name

Debtor 2 Jennifer L Pyse  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District Of Illinois

Case number (If known)

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

- For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

**Identify the creditor and the property that is collateral**

**What do you intend to do with the property that secures a debt?**

**Did you claim the property as exempt on Schedule C?**

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Your name

Raymond J Pyse

First Name Middle Name

Last Name

Case number (If known)

**Part 2:****List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

 No YesDescription of leased  
property:

Lessor's name:

 No YesDescription of leased  
property:**Part 3:****Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** s/Raymond J Pyse

Signature of Debtor 1

Date 09/09/2016  
MM / DD / YYYY**X** s/Jennifer Pyse

Signature of Debtor 2

Date 09/09/2016  
MM / DD / YYYY

United States Bankruptcy Court  
NORTHERN DISTRICT OF ILLINOIS

In re  
**Raymond J Pyse and Jennifer L Pyse**

Case No. \_\_\_\_\_

**Debtor**

Chapter **7** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$1,000.00** \_\_\_\_\_

Prior to the filing of this statement I have received ..... **\$1,000.00** \_\_\_\_\_

Balance Due ..... **\$0.00** \_\_\_\_\_

2. The source of the compensation paid to me was:

Debtor

Other (specify)

3. The source of compensation to be paid to me is:

Debtor

Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

**None**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Objection to Motion to Lift Automatic Stay, Dispute Over Exemptions or Preferential Payments, Objection to Discharge or Motion to Require Chapter 13, Setting Aside Liens against personal property or real estate, Minimum additional charge if forms are not completed by client, Audit charges, Amendment to Petition after Filing, Represent debtor in Adversary proceedings**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 9, 2016  
*Date*

s/Linda A. Giesen  
*Signature of Attorney*

Dixon & Giesen Law Offices  
*Name of law firm*

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

**STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341**

**INTRODUCTION**

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Bankruptcy Administrator has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of -

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts in bankruptcy;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This statement contains only general principles of law and is not a substitute for legal advice. If you have any questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

**WHAT IS A DISCHARGE?**

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed in your bankruptcy schedules. A discharge is a court order that says that you do not have to repay your debts, but there are a number of exceptions. Debts which usually may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; debts which were not listed in your bankruptcy schedules; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to repay debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

**WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?**

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy. There are exceptions to this general statement. See your lawyer if you have questions.

**WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?**

After you file your bankruptcy petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court sixty (60) days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary. They are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt. This is particularly true when property you wish to retain is collateral for a debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues an order of discharge or within sixty (60) days after you filed the reaffirmation agreement with the court, whichever is later.

If you reaffirm a debt and fail to make the payments as required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any deficiency. In addition, creditors may seek other remedies, such as garnishment of wages.

**OTHER BANKRUPTCY OPTIONS**

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtors must pay the chapter 13 trustee the amount set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

By signing below, I/we acknowledge that I/we have received a copy of this document, and that I/we have had an opportunity to discuss the information in this document with an attorney of my/our choice.

Date September 9, 2016

s/Raymond J Pyse

**Raymond J Pyse**

s/Jennifer Pyse

**Jennifer L Pyse**

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

---

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**19. How much do you estimate your assets to be worth?**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Raymond J. Pyse  
Signature of Debtor 1

Executed on 09/09/16  
MM / DD / YYYY

Jennifer Pyse  
Signature of Debtor 2

Executed on 09/09/2010  
MM / DD / YYYY

Fill in this information to identify your case:

|   |                 |                     |                               |             |           |
|---|-----------------|---------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | Raymond J Pyse  | First Name          | Middle Name                   | Last Name   |           |
| Debtor 2                                | Jennifer L Pyse | (Spouse, if filing) | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: |                 |                     | Northern District Of Illinois |             |           |
| Case number<br>(If known)               |                 |                     |                               |             |           |

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Raymond J. Pyse  
Signature of Debtor 1

Date 09 09 2016  
MM / DD / YYYY

Jennifer L Pyse  
Signature of Debtor 2

Date 09/09/2016  
MM / DD / YYYY

Debtor 1

Raymond J Pyse

First Name Middle Name

Last Name

Case number (if known)

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

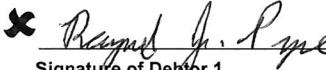
City

State

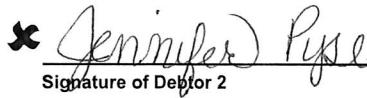
ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

Date 09/09/2016

  
Signature of Debtor 2

Date 9/9/16

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Your name Raymond J Pyse  
First Name Raymond Middle Name J Last Name Pyse

Case number (if known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

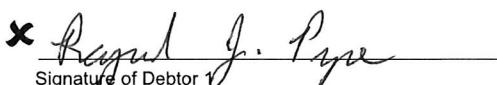
No

Description of leased property:

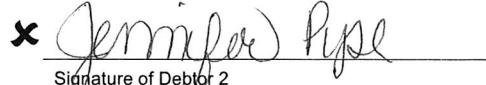
Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

  
 Raymond J. Pyse  
Signature of Debtor 1

Date 09/09/2016  
MM / DD / YYYY

  
 Jennifer Pipe  
Signature of Debtor 2

Date 09/09/2016  
MM / DD / YYYY

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By signing below, I/we acknowledge that I/we have received a copy of this document, and that I/we have had an opportunity to discuss the information in this document with an attorney of my/our choice.

Date

9/9/16

Raymond J. Pyse  
Raymond J. Pyse

Jennifer L. Pyse  
Jennifer L Pyse

ATTORNEY CLIENT AGREEMENT

THE ATTORNEY AGREES TO:

1. Personally counsel the debtor regarding the advisability of filing a Chapter 7 case, with the debtor(s), and answer the debtors(s) questions.
2. Personally explain to the debtor(s) that the attorney is being engaged to represent the debtor(s) on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor(s) and sign the completed petition, plan, statements, schedules, as well as all amendments thereto, whether filed with the petition or later.
4. Timely prepare and file the debtor(s) petition, plan, statements and schedules.
5. Provide knowledgeable legal representation for the debtor(s) at the meeting of creditors.
6. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor(s) in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor(s).
7. Be available to respond to the debtor(s) questions throughout the case.

THE DEBTOR(S) AGREES TO:

1. Appear punctually at the meeting of creditors (also called the "341 meeting") with a picture identification card and will also bring to the meeting a social security card. The debtor(s) must be present in time for check-in and when the case is called for the actual examination.
2. Notify the attorney of any change in the debtor(s) address or telephone number.
3. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
4. Contact the attorney immediately if the debtor(s) loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or inheritance).
5. Notify the attorney if the debtor(s) is sued or wishes to file a lawsuit (including divorce).
6. Inform the attorney if any tax refunds to which the debtor(s) is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
7. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
8. Supply the attorney with copies of all tax returns filed while the case is pending.

***ALLOWANCE AND PAYMENT OF ATTORNEY FEES***

1. Any attorney retained to represent a debtor(s) in a Chapter 7 case is responsible for representing the debtor(s) on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

|                  |   |
|------------------|---|
| \$1,000.00       | Preparation of Petition and Basic Service |
| <u>\$ 335.00</u> | Filing Fee (Charged by Bankruptcy Court)  |
| \$1,335.00       |   |

**POSSIBLE ADDITIONAL CHARGES ARE AS FOLLOWS:**

- \$100 Minimum additional charge if forms are not completed by client
- \$100 Audit charge
- \$75 Extraordinary Number of Creditors (more than 99)
- \$100 Amendment to Petition After Filing (plus \$26 filing fee)  
Stop Wage Garnishment-court proceedings on hourly bases
- \$50 Reaffirmation Agreements or Redemption Agreements (if file more than two)
- \$100 Dispute over value of security  
Objection to Motion to Lift Automatic Stay (hourly rate of attorney)  
Dispute over Exemptions or Preferential Payments (hourly rate of attorney)  
Objection to Discharge or Motion to Require Chapter 13 (hourly rate of attorney)  
Setting Aside Liens against personal property or real estate (hourly rate of attorney)  
Represent debtor in an adversary proceeding (hourly rate of attorney)

DATE: 9/9/16

Debtor: Raymond J. Pyse  
Raymond J. Pyse

Joint Debtor: Jennifer Pyse  
Jennifer Pyse

Attorney for Debtor: Linda A. Giesen  
Linda A. Giesen